

# Quick Updates

May 19, 2004

Nursing & Patient Care Services

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## May Calendar of Events

17—21	AACN National Teaching Institute
19	Biologic Agents for Non-Oncology Nurses
18, 20, 21	Preceptor Update
26-31	Radiology Renovations (see inside QU)
31	NPCS Orientation
<b>June</b>	
5-8	ASCO
9	Advanced VAD Workshop
10	Oncology Emergencies
23	Preceptor Workshop
28	NPCS Orientation

## Singing Your Praises!!!

The Materials Management Department acknowledged the outstanding support and expertise of the following people in the development of the Visual Supply Catalog Search Engine and Specialty Screens:

- **June Kryk and the 2003 NIS Committee members** made valuable contributions during the initial development of the Visual Supply Catalog search engine.
- **Beth Price (CNS)** assisted in the development of the Specialty Screen, "DASS Supplies."
- **Denise Knisely-Carrigan (Dialysis)** guided the development of Specialty Screen, "Hemodialysis Supplies."
- **Barbara Fuller (WOCN)** led the development of the Specialty Screen, "Ostomy Supplies."

The following nurses demonstrated uncommon professionalism during challenging moments:

- **Mary Samuelson (2W)** responded exceptionally to a visitor who became unexpectedly ill.
- **Patrice Abner (3E)** supported two PCU's on 2 separate float experiences by taking initiative, paging physicians, obtaining needed supplies, and freeing up nurses to care for their complex patients. This acknowledgement is particularly notable as Ms. Abner is a behavioral health RSA and was working on 2 unfamiliar medical-surgical units . . . outstanding work ethic and team approach!
- **Tyra Estwick and another unnamed nurse (13W)** provided support to their 9-West colleagues who re-opened 9 West to handle 6 unplanned admissions.
- **Ginny Mayo (2W)** rose above the call of duty by working an unscheduled shift on a day when the acuity was especially high!
- **Becky McBurney (OP9)** was recognized by a peer for filling a need in the OP9 Breast Cancer Clinic.
- **Wilma Zendel (Service Supv.)** was acknowledged by 12 East for her consistent efforts to address staff requests and support of complex patient care needs.
- **Alan Fitzgerald (11W)** planned and executed care for a complex patient. Additionally, he coordinated and led a multidisciplinary conference to prepare for this patient's discharge home.
- **Rick Kuba (7E)** is recognized by a peer for his outstanding professionalism and expert nursing knowledge. As a night shift nurse, Rick consistently uses his downtime to review on-line professional journals and educational offerings. His sincere interest in his colleagues, patients and their families is apparent in his every action.
- **The 2W/BMT Night Shift (Mary Samuelson, Charles Brown, Suzanne Goodwill, and Micky Devries)** provided exceptional service when faced with a recent flooding incident. Because of their quick action, flood damage was minimal and patient care continued without interruption.

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Past issues of the Quick Updates are posted on the Nursing & Patient Care Services intranet:

<http://intranet.cc.nih.gov/nursing/jcaho/quickupdates.html>

Email your comments, suggestions, and questions to the QU editors at CC-NURS QU Editors.

**Thanks for Reporting — Because you took time to report it, we've made some changes. Here are 2 highlights!**

During a follow-up on an ORS, it was revealed that 3 professional publications had reported 3 different dosing recommendations for 1 drug product. All 3 publishers were notified by letter of the published contradictions.

The Pharmacy changed the way they prepare single-dose vaccines for administration.

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## CC Nurses Out and About

**Good News!! Please join us in welcoming the following new staff:**

- Eva Szollosi (12 East)
- Kathleen M. Tepas (CSO)
- Dandre Thornhill (8 East)
- Anaida Widell (7 East)
- Andrienne Wilbrecht (13 East)

**We want to salute the following nurses who continue to serve as Acting Nurse Managers and Acting Unit Coordinators!**

- Felicia Andrews (13W)
- Barb Corey (OP8 and OP11)
- Donna Gwyer (9W)
- Deborah Kolakowski (7E and 11W)

**Georgie Cusack, RN, MSN, AOCN<sup>®</sup>** successfully sat for the Advanced Oncology Certification exam.

**The following nurses presented at the 2004 Oncology Nursing Society Congress:**

**Paula Muehlbauer, RN, MSN, AOCN<sup>®</sup>**  
Unraveling the Complexities of Targeted Therapies

**Georgie Cusack, MS, RN, Margaret Bevans, RN, MS, AOCN, Helen Mayberry, RN, MSN, and Kim Scott, RN, BSN, OCN**  
A Collaborative Practice Model for Hematology/Oncology and Transplant Care

**Ellen Carroll, BSN, RN, Myra Woolery-Antill, MN, RN, Gwenth Wallen, PhD, RN, Elizabeth Fenn, BSN, RN, Barbara Corey, MSN, RN, Holly Wieland, MPH, RN, Paul Jarosinski, PharmD, Madeline Michael, MPH, RD, and Ramzi Dagher, MD**  
When Things Get Stuck: Getting A Research Project Moving

## **Still Singing Your Praises!!!** (continued from page 1)

**Mary Degrezia (NIAID)** told us about a new protocol that was implemented without a hitch due to the outstanding contributions of several people:

- **Catherine Rehm (11W)** protocol manager often rises above and beyond the call of duty to ensure the desired outcome is achieved. Great job!!
- **11W unit coordinator and nursing staff** successfully implemented this 12-day inpatient protocol.
- **Margaret Lloyd and OP8 Treatment Room staff** developed a data collection tool to guide the collection of all required protocol data.

## **Radiology Renovations (May 26 – 31) will impact MRI service**

Radiology is presently going through an entire departmental renovation. The air-handling system will be moved **May 26–May 31, 2004**. During this time, Radiology will only have use of one (1) MRI scanner. MRI service will be limited to true medical emergencies and to what can be scheduled through CAS for 1 scanner only. Normal service will resume **Tuesday, June 1st**.

The Radiology Department extends their apologies for this inconvenience. Thank-you for helping by limiting your requests for MRI scans to only those absolutely necessary during May 26 – 31.

## **Pharmacy Update . . . Oral Syringes**

We wanted you to know that the health care community is reporting an alarming increase of fatal medication errors when an oral medication is drawn up into an IV syringe and inadvertently administered IV. **Oral syringes** are available through CHS in 1-mL, 3-mL, 5-mL, and 10-mL sizes. **The primary safety feature of the oral syringe is that a needle cannot be inadvertently attached to the hub of the syringe and subsequently administered IV.** Oral syringes should **always** be used to measure and administer oral solutions and elixirs when they cannot be accurately measured or consumed from a medication cup. The Pharmacy also dispenses some pediatric liquid medications in these oral syringes.

## Nutrition Room Service

You and our patients have told us that the Room Service program exceeds or greatly exceeds their expectations! Thank-you for helping us implement this program in 2002. The Room Service program has allowed patients to make food selections from a restaurant-style menu at any time between 6:30 a.m.—6:30 p.m. Nutrition staff then prepare the order and deliver it to their room generally within 45 minutes of their placing the order.

On **May 20, 2004**, the Room Service program will be expanded to include patients on both regular and modified diets. **Here are 5 things you can do to help:**

1. On admission, continue to assess if your patient is eligible for Room Service.
2. Identify a patient who might need assistance placing a Room Service order and send the Nutrition staff a MIS-O-GRAM. Nutrition staff will either phone the patient or bring a laptop computer to the patient's room to take their order. Patients who might benefit from this service are those with a hearing, visual, or communication impairment, patients who simply need help using a phone, or a pediatric patient who needs assistance with meal choices.
3. Continue to orient your patient to the food ordering process; show them the menu and teach them how to place a food order.
4. Make sure an accurate diet order and any food allergies are entered into the electronic medical record.
5. Encourage your **diabetic patient** not to take their scheduled insulin until their food arrives.

**Here are at least 3 things that you can expect from Room Service staff:**

1. Room Service staff will continue to deliver food within 45 minutes from the time a food order is placed. The exception to this is the STAT tray which will be sent as soon as possible to fix an issue with a previously sent tray.
2. Room Service staff will contact all patients on diabetic diets who do not make food selections at each meal time.
3. All inpatients who do not order dinner will be called.

### Nutrition Service Contacts:

**Late Tray or Missing Item** – Call Center 301-451-FOOD

**Ongoing Food Quality or Food Service Issue**

- Kitchen Supervisor 301-496-9511
- Janice Anderson, Patient Food Service 301-402-1713

**Diet Questions or Protocol Diet Orders**

- Madeline Michael, Call Center & Clinical Nutrition

## Safety Briefs

### Back Safety and Patient Lift Devices

Did you know there are 3 Golvo® Patient Lift Devices in the CC to help you move a patient safely and comfortably from a bed to a stretcher or to a chair? Here are 2 good reasons why you should consider using a patient lift device:

**Patient comfort is enhanced!** Patients tell us that being lifted by an approved patient lift device is far more comfortable than being lifted by a team of people. Less discomfort is experienced when their entire body is supported by a lift device.

**Risk of staff injury is reduced!** Another benefit of using a patient lift device is to minimize your risk of a musculoskeletal injury when moving your patient. Let the device do your work!

Two (2) Golvo® Patient Lift Devices are located on 5 West and 12 East. When you need the lift device to move your patient, call either of these 2 PCU's to arrange for its use on your PCU. If you need training prior to using the Golvo® Patient Lift device, the 5W and 12E staff will provide instruction when you arrive.

A third Golvo® Patient Lift Device is stored in the morgue. This 3<sup>rd</sup> lift device remains in the morgue at all times to help you safely transfer the deceased from a stretcher to a morgue drawer. The lift device should not be removed from the morgue.

### Here are 2 other tips about the Golvo® Patient Lift Devices

- To preserve the life of the battery, please remember to always keep the lift device plugged in before and after use.
- Please use only the **disposable** morgue sheets for transferring the deceased to the morgue. Disposable morgue sheets are available from CHS or from 11 West (when CHS is closed). After you have transferred the deceased to a morgue drawer, the disposable morgue sheet remains under the patient. It can be used again when the deceased is moved by a pathologist or a funeral director.

### CC Patient Morgue . . . A few tips

Many thanks to Ann Peterson, RN and Kevin Nellis for passing along a few tips to consider when taking a deceased patient to the morgue:

- At least 2 nursing staff are required to accompany the deceased to the morgue. During off-tours, you can contact the AC if you need assistance with staffing.
- Place a deceased patient in the middle drawers only. Top and lower tier drawers are not used for the deceased and are labeled as such.
- If you discover that a drawer is not working or needs repair, please notify the Morgue Manager (301-594-9532) and complete an ORS. The drawer will be labeled until it is repaired.
- Pull a morgue drawer out only 3/4 of the way. Pulling the drawer out further than this may cause the drawer to become unbalanced.
- **A NEW STEP** . . . Please complete the Morgue Log including the name of the deceased, PCU, date/time the deceased is brought to the morgue, and the signature of the staff who transported the body.

For a full review of the **PRO: Transfer to the Morgue**, please click <http://intranet.cc.nih.gov/nursing/practicedocs/procedures.html>